

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/527,376 - Conf. No. 5717</td> </tr> <tr> <td>Filing Date</td> <td>October 14, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Shimada et al</td> </tr> <tr> <td>Art Unit</td> <td>1624</td> </tr> <tr> <td>Examiner Name</td> <td>Erich A. Leeser</td> </tr> <tr> <td>Attorney Docket Number</td> <td>RCK36 [67011(303981)]</td> </tr> </table>	Application Number	10/527,376 - Conf. No. 5717	Filing Date	October 14, 2005	First Named Inventor	Shimada et al	Art Unit	1624	Examiner Name	Erich A. Leeser	Attorney Docket Number	RCK36 [67011(303981)]
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Total Number of Pages in This Submission	1												

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (copy of 3/03/08 submission) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition (under 37 CFR 1.137(b)) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-bottom: 5px;">Remarks</div> <div style="clear: both;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature	/Gabriel J. McCool/		
Printed name	Gabriel J. McCool		
Date	July 1, 2008	Reg. No.	58,423

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: July 1, 2008	Electronic Signature for Gabriel J. McCool (Reg No. 58,423): /Gabriel J. McCool/